Form **8871** (July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service General Information Name of organization Employer identification number 35 | 2113387 I-CARE PAC Mailing address (P.O. Box or number, street, and room or suite number) P.O. Box 441163 City or town, state, and ZIP code <u>Indianapolis, Indiana</u> 46244 3 E-mail address of organization 4a Name of custodian of records 4b Custodian's address P.O. Box 441163 J-CARE PAC Indianapolis, Indiana 5a Name of contact person 5b Contact person's address 201 N. Illinois St., Suite 1920 Ronald W. Wuensch Indianapolis, Indiana 46204 Business address of organization (If different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Purpose Describe the purpose of the organization To provide financial contributions to various persons seeking public office in the state of Indiana. List of All Related Entities (see instructions) 8a Name of related entity 85 Relationship 8c Address 201 N. Illinois St., Ste. 1920 Indiana Optometric Assn. connected Indianapolis, Indiana 46204 RECEIV D IN CORRES JUL 3 0 2000 OGDEN, UTAL

List of All Officers, Directors, and Highly Compensated Employees (see instructions)		
9a Name	9b Title	9c Address
David M. Wilson, O.D.	President	1904 W. Royale Drive
		Muncie, Indiana 17304-2264
Steven A. Levin, O.D.	Treasurer	1334 119th Street
	<u> </u>	Whiting, Indiana 46394-1631
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here Signature of authorized official

July 28, 2000

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